

# Tri-County Educational Service Center

## Certified Application

741 Winkler Drive, Wooster, Ohio 44691  
Phone: 330-345-6771 Fax: 330-345-7622  
(Available at our website: www.tricountyesc.org)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
*Last First Middle E-mail address*

Other names which may appear on official documents (e.g. maiden) \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Present Position: \_\_\_\_\_ Employer: \_\_\_\_\_

**Position Desired** (*indicate first choice, second choice, ex. 1, 2, 3 etc., for which you are qualified*)

_____ Primary (P-5)	_____ Intervention Specialist
_____ Primary Intervention Specialist (P-5)	(Type) _____
_____ Middle Childhood (4-9)	_____ Pupil Services
_____ Adolescent to Young Adult (7-12)	(Type) _____
_____ Multi-Age (P-12)	_____ Career Technical
_____ Primary Intervention Specialist (P-5)	(Type) _____
_____ Principal	_____ Other _____

Do You Hold a Current Ohio License? \_\_\_\_\_ Educator State ID: \_\_\_\_\_

License Type: \_\_\_\_\_ (*i.e. 2yr. Prov., 5yr Prof., Lead, Senior, 8yr Prof., Perm.*)

License Level: \_\_\_\_\_ (*i.e. Primary, Middle Childhood, AYA, Multi-Age*)

Issue Date: \_\_\_\_\_ Expires: \_\_\_\_\_

Concentration Area(s) Listed on License: \_\_\_\_\_  
(*i.e. Mathematics, Language Arts and Reading, Social Studies, Science*)

Teaching Field and Grade Level (If Multi-Age): \_\_\_\_\_  
(*i.e. Health, Phys. Ed., Music, Visual Art, Foreign Language*)

Out of State License: \_\_\_\_\_  
(*State and License including subjects listed on licensure*)

Education:	School or Institution Name	Diploma, GED, or Degree	Semester Credit Hours	Quarter Credit Hours
High School				
Undergraduate College				
Graduate Work				
Special (Other)				
<b>TOTAL HOURS (undergraduate/graduate)</b>				

**Total hours** credit for courses in education: Semester: \_\_\_\_\_ Quarter: \_\_\_\_\_

**Activities** in High School and College, such as Speech, Dramatics, Clubs, Athletics, Special Honors, etc.

High School \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

College \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Military Experience** (Branch) \_\_\_\_\_ Number of Months \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Foreign Country Travel** (Where? When? How Long?)  
 Where? \_\_\_\_\_ When? \_\_\_\_\_ How Long? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Employment Experience** (Administration or teaching)

Name of School or Institution and Location	Grade/Subjects Taught or Position Held	Dates From-To	No. of years
<b>Total number of years of experience in Education</b>			

Number of days of accumulated sick leave, if any: \_\_\_\_\_

Present Salary: \_\_\_\_\_ Minimum salary per year you would accept: \_\_\_\_\_

Professional organization(s) in which you hold membership(s)

Have you held a continuing contract in an Ohio school district? \_\_\_\_\_

If so, name of district: \_\_\_\_\_

**References:** Give five references, including superintendents and principals under whom you have taught, who have first-hand knowledge of your character, personality, scholarship, and teaching ability. If a beginning teacher, include cooperating teacher(s) and college professor(s) familiar with your work. If you have a set of credentials and/or references on file at the Teacher Placement Office of a College or a University, please request that these be sent to our office to be included with your application file and note it here: \_\_\_\_\_

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Official Position</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

**Read Carefully**

All applications for employment are subject to a criminal records check through the Bureau of Criminal Identification and Investigation and Federal Bureau of Investigation pursuant to the authority of Section 3319.39 and Section 109.572, Revised Code.

**ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT IS GUILTY OF FALSIFICATION UNDER SECTION 2921.13 OF THE REVISED CODE, WHICH IS A MISDEMEANOR OF THE FIRST DEGREE**



\_\_\_\_\_  
***Employee Signature (no electronic signatures please)***

\_\_\_\_\_  
***Date***

(This application will remain active for 12 months; please contact us if you wish to renew it)

**\* An Equal Opportunity Employer**